

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

	F		ce Plan of Mich	nigan		
· · · · · · · · · · · · · · · · · · ·	311 131 ent Period) (Prior Pe	1 NAIC Com	pany Code 958		D Number	38-2242827
Organized under the Laws of			, State of Dom	icile or Port of Entry	Mi	chigan
Country of Domicile	<u></u>	<u> </u>	United States of An		.,,,,	
Licensed as business type:	Life, Accident & Health	[] Prop		Dental Service Corpor	ation []	
	Vision Service Corpora		, ,,,,	Health Maintenance C		1
	Hospital, Medical & De			Is HMO, Federally Qua		•
Incompared 4/Over 1	'		,	•	•	
Incorporated/Organized	06/27/19	78	Commenced Busin	ess	02/08/1979	
Statutory Home Office		st Grand Boulevard	,		oit, MI 48202 n, State and Zip Co	de)
M : A : : : : : : : : : : : : : : : : :	(Oil	eet and Number)	0050.144 + 0		ni, State and Zip Go	ue)
Main Administrative Office			2850 West Gran (Street and N			
	etroit, MI 48202 Town, State and Zip Code)			313-872-81 (Area Code) (Telephor		
Mail Address	2850 West Grand E	Boulevard		Detroit, N	,	
	(Street and Number or		,	(City or Town, Sta		
Primary Location of Books ar	nd Records			Vest Grand Boulevard (Street and Number)		
	etroit, MI 48202	_		248-443-10		
· •	Town, State and Zip Code)			(Area Code) (Telephor	ne Number)	
Internet Website Address			www.hap.o			
Statutory Statement Contact	Dianr	a Ronan CPA (Name)		(Area Code) (Telep	443-1093 hone Number) (Exte	nsion)
d	ronan@hap.org (E-mail Address)	<u> </u>		248-443-86 (FAX Number		
Policyayanar Polationa Canta	,		20E0 Moot Cros	`	,	
Policyowner Relations Conta		(Street and Number)	2850 West Gran	ia Boulevara		
	etroit, MI 48202 Town, State and Zip Code)	·		313-872-81 (Area Code) (Telephone Nur		
(Oity of	Town, State and Zip Gode)			(Area Code) (Telephone Nul	ilber) (Exterision)	
			FICERS			
Name Francine Parker	Procin	Title lent and CEO		ame E. McMurray ,		Title
Ronald W. Berry		reasurer		McClorey # ,		cretary nt Secretary
		OTHER	OFFICERS			
		DIRECTORS	OR TRUSTER	- S		
Nicholas C. Anderson		ıld W. Boggs	Mary Beth		Herman '	W. Coleman
William A. Conway M.D Jethro Joseph		s H. DePaulis ncine Parker		Dickson L. Peirce	John T	. Gargaro uigley IHM
Catherine A. Roberts		Scales-Wooten	_	Schlicting		I K. Smith
Rebecca R. Smith M.D		niel Watson				
State of	.Michigan					
County of	Wayne	SS 				
The officers of this reporting entitiabove, all of the herein described this statement, together with relat of the condition and affairs of the completed in accordance with the that state rules or regulations requespectively. Furthermore, the society exact copy (except for formatting to the enclosed statement.	assets were the absolute p ed exhibits, schedules and of said reporting entity as of to NAIC Annual Statement Insure differences in reporting ope of this attestation by the	roperty of the said reporty of the said reporty of the reporting period state structions and Accounting related to accounting described officers also	orting entity, free and clear ntained, annexed or referr ted above, and of its income Practices and Procedung practices and procedure includes the related corr	from any liens or claims to ed to is a full and true state me and deductions therefores manual except to the eas, according to the best desponding electronic filing	hereon, except as tement of all the a tom for the period extent that: (1) sta of their information with the NAIC, w	s herein stated, and that issets and liabilities and ended, and have been te law may differ; or, (2) 1, knowledge and belief, then required, that is an
Francine P	arker _	Mauric	ce E. McMurray		Ronald W. I	3errv
President and			Secretary		Treasure	
				a. Is this an original fil	ing?	Yes [X] No []
Subscribed and sworn to be 28th day of	efore me this February, 2006			b. If no,1. State the amendr		
uay 01	i Obluary, 2000	-		Date filed		
Roderick Curry CPA		-		3. Number of pages	attached	
Notary August 14 2006						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7			
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted			
0199999 Total individuals									
Group subscribers:									
Ford Motor Company	13,726,651					13,726,651			
Group subscribers: Ford Motor Company Federal Employees Health Benefit Program	4,606,913	3,009,787				7,616,700			
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,							
0299997 Group subscriber subtotal	18,333,564	3,009,787	0	0	0	21,343,351			
0299998 Premiums due and unpaid not individually listed	10,310,133	603,675				10,913,807			
0299999 Total group	28,643,696	3,613,462	0	0	0	32,257,158			
0399999 Premiums due and unpaid from Medicare entities						 			
0499999 Premiums due and unpaid from Medicaid entities									
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	28,643,696	3,613,462	0	0	0	32,257,158			

EXHIBIT 3 - HEALTH CARE RECEIVABLES

EXHIBITO TIEAETH GAILE REGELVADEES												
1	2	3	4	5	6	7						
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted						
Individually Listed Receivables: Wyeth-Ayerst. Merck & Co. Glaxo Smithkline. Aventis Pharmaceuticals.												
Wyeth-Ayerst	1,073,158					1,073,158 804,456 465,743 386,710						
Merck & Co	804,456											
Glaxo Smithkline												
Aventis Pharmaceuticals.												
0199998 - Aggregate of amounts not individually listed above.	224,662											
019999 -	2,954,729					2,954,729						
0499998 - Aggregate of amounts not individually listed above.	3,860,955					3,860,955						
049999 -												
				-								
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				+	+							
				-	-							
0799999 Gross health care receivables	6,815,684					6,815,684						

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Health Alliance Plan of Michigan

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid C	laims	_	-	-	-
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999 Individually listed claims unpaid	0	0	0		0	0
0299999 Aggregate accounts not individually listed-uncovered.		1,684	45		58,813	870,081
0399999 Aggregate accounts not individually listed-covered	13,125,621	188,282	5,060	204	5,677	13,324,844
0499999 Subtotals	13,935,160	189,966	5,105	204	64,490	14,194,925
0599999 Unreported claims and other claim reserves						49,476,931
0699999 Total amounts withheld						17,175,568
0799999 Total claims unpaid						80,847,424
0899999 Accrued medical incentive pool and bonus amounts						2 796 505

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually Listed Receivables: Alliance Health and Life Insurance Compa Preferred Health Plan				i			
Alliance Health and Life Insurance Compa	573,866					573,866	
Preferred Health Plan	439,462					439,462	
	<u> </u>						
				***************************************	· †		
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					··		
					······		
					<u> </u>		
0199999 Individually listed receivables	1,013,328	0	0	0	0	1,013,328	
0199999 Individually listed receivables							
0399999 Total gross amounts receivable	1,013,328	0	0	0	0	1,013,328	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Alliance Health and Life Insurance Compa	Management Fees and Reimbursements	151,845	151,845	
Total	Directly Owned Insurer Subject to RBC	38,999	38,999	
TotalIndirectly Owned Insurer Subject to RBC	Management Fees and Reimbursements. Directly Owned Insurer Subject to RBC. Directly Owned MCO Subject to RBC.	30,274	30,274	
0199999 Individually listed payables.		221,118	221,118	0
0199999 Individually listed payables 0299999 Payables not individually listed		,	,	
0399999 Total gross payables		221,118	221,118	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1 Direct Medical	2 Column 1	3 Total	4 Column 3	5 Column 1	6 Column 1
	Expense	Column 1 as a %	Members	as a %	Column 1 Expenses Paid to	Column 1 Expenses Paid to
Payment Method	Payment	of Total	Covered	of Total	Affiliated Providers	Non-Affiliated Providers
Capitation Payments:	•					
1. Medical groups		62.2	4, 109, 944	914.0	743,214,915	122,479,343
2. Intermediaries	0	0.0		0.0		
3. All other providers	3,027,372	0.2	1,336,097	297 . 1	289,341	2,738,031
Total capitation payments		62.5	5,446,041	1,211.2	743,504,256	125,217,374
Other Payments:						
5. Fee-for-service	0	0.0	XXX	XXX		
6. Contractual fee payments	165,883,431	11.9	XXX	XXX	124,991,891	40,891,540
7. Bonus/withhold arrangements - fee-for-service	122,110,541	8.8	XXX	XXX	48 , 524 , 756	73,585,785
Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	234,326,197	16.8	XXX	XXX	176,562,989	57 , 763 , 208
12. Total other payments	522,320,169	37.5	XXX	XXX	350,079,636	172,240,533
13. TOTAL (Line 4 plus Line 12)	1,391,041,799	100 %	XXX	XXX	1,093,583,892	297, 457, 907

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT I - I AITI E - COMMATTI OF THATCACTIONS			<u> </u>	
1	2	3	4	5	6
			Average		Intermediary's
			Average Monthly	Intermediary's	Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Intermediary's Total Adjusted Capital	Control Level RBC
NAIC Code	Name of intermediary	Gapitation Faiu	Capitation	Total Aujusteu Gapital	CONTROL LEVEL NBC
	NONE				

9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

,	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	7 ,826 ,375		5 ,787 ,572	2,038,803	2,038,803	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
Durable medical equipment						
5. Other property and equipment						
6. Total	7,826,375	0	5,787,572	2,038,803	2,038,803	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)
2. Detroit, Michigan **REPORT FOR: 1. CORPORATION**

								roit, Micrigan		(LOCA			
AIC Group Code 1311 BUSINESS IN THE STATE C	F Michigan	0		<u> </u>	DURING THE YE	AR 2005	_	1			NAIC Compa	ny Code	95844
	1	Compre (Hospital a	ehensive & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	460,919	5,646	416,255	23,463				15 , 555					
2 First Quarter	456 , 268	5,365	385,954	23 , 135			25,708	16 , 106					
3 Second Quarter	454,356	5,163	383,601	23,277			25,820	16,495					
4. Third Quarter	451,427	5,301	379,547	23,598			26,215	16,766					
5. Current Year	449,656	5,176	377,538	23,741			26,199	17,002					
6 Current Year Member Months	5,446,041	63,404	4,592,511	280,632			311,729	197,765					
Total Member Ambulatory Encounters for Year:													
7. Physician	1,674,280												1,674,280
8. Non-Physician	843,889												843,889
9. Total	2,518,169	0	0	0	0	0	0	0	0	0	0	0	2,518,169
10. Hospital Patient Days Incurred	177,134		100,982	45,984				28,623					1,54
11. Number of Inpatient Admissions	39,597		25,740	7,931				5,497					429
12. Health Premiums Written	1,490,591,805	13,309,757	1,127,435,134	107, 163,013			79,661,761	163,022,140					
13. Life Premiums Direct	0												
14. Property/Casualty Premiums Written	0												
15. Health Premiums Earned	1,507,239,774	13,999,070	1,142,065,432	107, 163,013			80,990,119	163,022,140					
16. Property/Casualty Premiums Earned	0												
17. Amount Paid for Provision of Health Care Services	1,391,041,799	12,959,338	1,057,242,546	95,812,483			72,600,419	152,346,791	80,222				
18. Amount Incurred for Provision of Health Care Services	1,373,356,695	12,751,923	1,040,321,190	95,624,749			73,058,726	151,600,107					

(a) For health business: number of persons insured under PPO managed care products _____and number of persons under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a) **REPORT FOR: 1. CORPORATION**

NAIC Group Code 1311 BUSINESS IN THE STATE OF	TE OF Consolidated DURING THE YEAR 2005 (LOCATION) NAIC Company Code 95844												
	1	(Hospital	ehensive & Medical)	4	5	6	7	8	9	10	11	12	13
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year	460,919	5,646	416,255	23,463	0	0	0	15 , 555	0	0	0	0	
2 First Quarter	456,268	5,365	385,954	23 , 135	0	0	25,708	16 , 106	0	0	0	0	
3 Second Quarter	454,356	5 , 163	383,601	23,277	0	0	25,820	16,495	0	0	0	0	
4. Third Quarter	451,427	5,301	379 , 547	23,598	0	0	26,215	16,766	0	0	0	0	
5. Current Year	449,656	5,176	377 , 538	23,741	0	0	26,199	17,002	0	0	0	0	(
6 Current Year Member Months	5,446,041	63,404	4,592,511	280,632	0	0	311,729	197,765	0	0	0	0	(
Total Member Ambulatory Encounters for Year:													
7. Physician	1,674,280	0	0	0	0	0	0	0	0	0	0	0	1,674,280
8. Non-Physician	843,889	0	0	0	0	0	0	0	0	0	0	0	843,889
9. Total	2,518,169	0	0	0	0	0	0	0	0	0	0	0	2,518,169
10. Hospital Patient Days Incurred	177,134	0	100,982	45,984	0	0	0	28,623	0	0	0	0	1,54
11. Number of Inpatient Admissions	39,597	0	25,740	7,931	0	0	0	5,497	0	0	0	0	429
12. Health Premiums Written	1,490,591,805	13,309,757	1,127,435,134	107, 163,013	0	0	79,661,761	163,022,140	0	0	0	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	1,507,239,774	13,999,070	1,142,065,432	107 , 163 , 013	0	0	80,990,119	163,022,140	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	1,391,041,799	12,959,338	1,057,242,546	95,812,483	0	0	72,600,419	152,346,791	80,222	0	0	0	
18. Amount Incurred for Provision of Health Care Services	1,373,356,695	12,751,923	1,040,321,190	95,624,749	0	0	73,058,726	151,600,107	0	0	0	0	

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31, prior year.	3,890,907
	Increase (decrease) by adjustment:	
	2.1 Totals, Part 1, Column 11	(788, 580)
	2.1 Totals, Part 1, Column 11 2.2 Totals, Part 3, Column 7	0
3.	Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9)	0
4.	Cost of additions and permanent improvements:	
	4.1 Totals, Part 1, Column 14	308,067
	4.2 Totals, Part 3, Column 9	0
5.	4.2 Totals, Part 3, Column 9 Total profit (loss) on sales, Part 3, Column 14	0
	Increase (decrease) by foreign exchange adjustment:	
	6.1 Totals, Part 1, Column 12	0
	6.2 Totals, Part 3, Column 8	0
7.	Amounts received on sales, Part 3, Column 11 and Part 1, Column 13	0
8.	Book/adjusted carrying value at end of current period	3,410,393
9.	Total valuation allowance	
10.	Subtotal (Lines 8 plus 9)	3,410,393
11.	Total nonadmitted amounts	2,497,782
12.	Statement value, current period (Page 2, real estate lines, Net Admitted Assets column)	912,611

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1.	Book value/recorded investment excluding accrued interes in more against the more against the control of the co
2.	Amount loaned during year:
	2.1 Actual cost at time of acquisitions
	2.2 Additional investment made after acquisitions
3.	Accrual of discount and mortgage interest points and commitment fees
	Increase (decrease) by adjustment
	Total profit (loss) on sale
	Amounts paid on account or in full during the year
7.	Amortization of premium
8.	Increase (decrease) by foreign exchange adjustment
9.	Book value/recorded investment excluding accrued interest on mortgages owned at end of current period
10.	Total valuation allowance
11.	Subtotal (Lines 9 plus 10)
12.	Total nonadmitted amounts
13	Statement value of mortgages owned at end of current period (Page 2 mortgage lines. Net Admitted Assets column)

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1.	Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year		
2.	Cost of acquisitions during year:		
	2.1 Actual cost at time of acquisitions	58, 129, 607	
	2.2 Additional investment made after acquisitions	23 , 451	58 , 153 , 058
3.	Accrual of discount		
4.	Increase (decrease) by adjustment		1 , 285 , 316
5.	Increase (decrease) by adjustment Total profit (loss) on sale		981
6.	Amounts paid on account or in full during the year Amortization of premium		88 , 347
7.	Amortization of premium		
8.	Increase (decrease) by foreign exchange adjustment		
9.	Book/adjusted carrying value of long-term invested assets at end of current period		59 , 351 , 008
10.	Total valuation allowance		
11.	Subtotal (Lines 9 plus 10)		59, 351, 008
12.			
13.	Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3)		59, 351, 008

SCHEDULE D - PART 1A - SECTION 1

1. U.S. Governments, Schedules D & DA (G 1.1 Class 1 1.2 Class 2 1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & D 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4	1 Year or Less Group 1) 13,000,000 13,000,000	2	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	Carrying Values by M 6	7 Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year 	Total Publicly Traded 13,000,000	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (G 1.1 Class 1 1.2 Class 2 1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & D 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4	Group 1) 13,000,000 				Over 20 Teals			13,000,000			(a)
1.1 Class 1 1.2 Class 2 1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & E 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4	13,000,000	0	0	0	0	13,000,000 	0.0 0.0 0.0	0	0.0 0.0 0.0	13,000,000	
1.2 Class 2 1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & E 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4	13,000,000	0	0	0	0		0.0 0.0 0.0	0	0.0 0.0 0.0	13,000,000	
1.3 Class 3 1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & E 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4		0	0	0	0	0	0.0 0.0	0			
1.4 Class 4 1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & E 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4		0	0	0		0	0.0		0.0		
1.5 Class 5 1.6 Class 6 1.7 Totals 2. All Other Governments, Schedules D & E 2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4		0	0	0	Λ						
1.6 Class 6		0	0	0	Λ	†	0.0	0	0.0		1
1.7 Totals 2. All Other Governments, Schedules D & D 2.1 Class 1		0	0	0	Λ	0 1	0.0	0	0.0		1
2. All Other Governments, Schedules D & E 2.1 Class 1				0		13,000,000	100.0	13,000,000	100.0	13,000,000	(
2.1 Class 1 2.2 Class 2 2.3 Class 3 2.4 Class 4	DA (Group 2)				0	13,000,000	100.0	13,000,000	100.0	10,000,000	·
2.2 Class 2 2.3 Class 3 2.4 Class 4						0	0.0	0	0.0		Í
2.3 Class 3						Λ	0.0		0.0		
2.4 Class 4						Λ	0.0		0.0		l
						Λ	0.0		0.0		l
2.5 Class 5						Λ	0.0		0.0		l
2.6 Class 6						0	0.0		0.0		1
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	Λ	
3. States, Territories and Possessions etc.,	V	O	V	0	0	0	0.0	U	0.0	0	
3.1 Class 1	., Guaranteeu, Sci	iledules D & DA (GIOU	<i>p</i> 3)			0	0.0	0	0.0		Í
3.2 Class 2						Λ	0.0		0.0		
3.3 Class 3						0	0.0		0.0		1
3.4 Class 4						0	0.0	0	0.0		1
3.5 Class 5						0	0.0	0	0.0		
3.6 Class 6						0	0.0	0	0.0		[
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	Λ	(
4. Political Subdivisions of States, Territori	ÿ	0	edules D & DA (Group	U	0	0	0.0	U	0.0	0	
4.1 Class 1	1103 4114 1 0330331	ons, addranteed, oon	Caules B a BA (aloup	٦)		0	0.0	0	0.0		Í
4.2 Class 2		• • • • • • • • • • • • • • • • • • • •				0	0.0	0	0.0		1
4.3 Class 3						0	0.0	0	0.0		ſ
4.4 Class 4						n l	0.0	0	0.0		1
4.5 Class 5						n	0.0	0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	Λ	0	0	0	0.0	0	0.0	Λ	(
5. Special Revenue & Special Assessment	ÿ	0	ı ıedules D & D∆ (Group	v	0	•	0.0	V	0.0	0	
5.1 Class 1	Congations etc.,	non additineed, oon	Caulos D & DA (GIOUP	• • ,		n	0.0	n	0.0		1
5.2 Class 2		• • • • • • • • • • • • • • • • • • • •			•	n l	0.0		0.0		Í
5.3 Class 3						0	0.0	0	0.0		ſ
5.4 Class 4		•			•	n l	0.0	0	0.0		1
5.5 Class 5						0	0.0	0	0.0		
5.6 Class 6						0	0.0	0	0.0		1
5.7 Totals	0	0	n	0	n	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 1 (continued)

		Quality and Maturi		onds Owned Decemb	er 31, at Book/Adjuste	d Carrying Values by I	lajor Types of Issues	and NAIC Designations			1
	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Place
			10 Years	Through 20 Years	Over 20 Years	Total Current Year	% Of Line 10.7	Prior Year	Prior Year	rraded	(a)
6. Public Utilities (Unaffiliated), Scheo	ules D & DA (Group	6)					0.0	0	0.0		
6.1 Class 1						L	0.0	0	0.0		
6.2 Class 2		-				J	0.0	0			
6.3 Class 3						0	0.0	0	0.0		
6.4 Class 4		-				10	0.0	0	0.0		
6.5 Class 5						0	0.0	0	0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
7. Industrial & Miscellaneous (Unaffili	ated), Schedules D &	DA (Group 7)									
7.1 Class 1						0	0.0	0	0.0		
7.2 Class 2						0	0.0	0	0.0		
7.3 Class 3						0	0.0	0	0.0		
7.4 Class 4						0	0.0	0	0.0		
7.5 Class 5						0	0.0	0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	
8. Credit Tenant Loans, Schedules D	& DA (Group 8)	Ü			·	Ů	0.0	J	0.10	·	·
8.1 Class 1	u 271 (u. oup o)					0	0.0	0	0.0		
8.2 Class 2	• • • • • • • • • • • • • • • • • • • •					n	0.0	Ω	0.0		
8.3 Class 3						n	0.0	Λ	0.0		
8.4 Class 4						n	0.0	Ω	0.0		
8.5 Class 5						n	0.0	Ω	0.0		
8.6 Class 6						n	0.0	Ω	0.0		
8.7 Totals	0	0	0	Λ	0	0	0.0	0	0.0	0	
	Cabadulaa D 0 DA (C	V	U	U	U	U	0.0	U	0.0	U	
9. Parent, Subsidiaries and Affiliates,	Schedules D & DA (G	aroup 9)					0.0	0	0.0		
9.1 Class 1		-				ţ0	0.0	0	0.0		-
9.2 Class 2						10	0.0	0	0.0		
9.3 Class 3						0	0.0	0	0.0		
9.4 Class 4		-			ļ	1 0	0.0	0	0.0		
9.5 Class 5						0	0.0	0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

			ty Distribution of All Be	onds Owned Decemb			Major Types of Issues			•	•
Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Place (a)
10. Total Bonds Current Year	i feal of Less	o reais	10 feats	Tillough 20 feats	Over 20 rears	Total Culterit Teal	% Of Lifte 10.7	FIIOI TEAI	FIIOI Teal	rraded	(a)
10.1 Class 1	13,000,000	Λ.	۸	٥	0	13,000,000	100.0	XXX	XXX	13,000,000	
10.1 Class 1		U	U		0 n		0.0	XXX	XXX	13,000,000	0
10.2 Class 2	0 N	<u>U</u>			0 n	<u>U</u>	0.0	XXX	XXX		o
10.5 Class 3	0	U	0 n		0 ∩	0	0.0	XXX	XXX	u	0
10.4 Class 4		D				(c) n	0.0	XXX	XXX		
10.6 Class 6			 N	 N		(c) (0.0	XXX	XXX	 N	
10.7 Totals	13,000,000	0	0	0	0	(b) 13.000.000	100.0	XXX	XXX	13,000,000	0
10.7 Totals 10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year	100.0	0.0	0.0	0.0	0.0	100.0	AAA	AAA	AAA	100.0	0.0
11.1 Class 1	13.000.000	<u> </u>	Λ.	Λ	n	XXX	XXX	13.000.000	100.0	13,000,000	0
11.2 Class 2		n	 N	 N		XXX	XXX	, 000, 000 N	0.0		D
11.3 Class 3	n	n	 N	 N	 N	XXX	XXX		0.0	 N	0 N
11.4 Class 4	0	n	O	0	0 N	XXX	XXX	0	0.0	0	
11.5 Class 5	0	0	0	0	0	XXX	XXX	(c) ()	0.0	0	0
11.6 Class 6	0	0	0	0	0	XXX	XXX	(c) (0.0	0	0
11.7 Totals	13,000,000	0	0	0	0	XXX	XXX	(b)13,000,000	100.0	13,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds	10010	0.10	0.0	0.10	0.0	7077	7000	10010	7001	10010	0.0
12.1 Class 1	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.2 Class 2						0	0.0	0	0.0	0	XXX
12.3 Class 3						0	0.0	0	0.0	0	XXX
12.4 Class 4						0	0.0	0	0.0	0	XXX
12.5 Class 5						0	0.0	0	0.0	0	XXX
12.6 Class 6						0	0.0	0	0.0	0	XXX
12.7 Totals	13,000,000	0	0	0	0	13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	
12.9 Line 12.7 as a % of Line 10.7,											
Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1						0	0.0	0	0.0	XXX	0
13.2 Class 2						0	0.0	Ω	0.0	XXX	0
13.3 Class 3						0	0.0	0	0.0	XXX	0
13.4 Class 4						0	0.0	0	0.0	XXX	0
13.5 Class 5						0	0.0	0	0.0		
13.6 Class 6						0	0.0	0	0.0		(
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	ХХХ	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7,											
Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

⁽a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.

SCHEDULE D - PART 1A - SECTION 2

SCREDULE D - PART TA - SECTION 2 Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	Maturity Distribu			at Book/Adjusted C			ype of Issues			40	
	1	2 Over 1 Year	3 Over 5 Years	4 Over 10 Years	5	6	Col. 6 as a %	8 Total from Col 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
1.7 Totals	13,000,000	0	0	0	0	13,000,000	100.0	13,000,000	100.0	13,000,000	0
2. All Other Governments. Schedules D & DA (Group 2)											
2.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 2.3 Defined						0	0.0	0	0.0		
2.4 Other						n	0.0	 O	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES 2.5 Defined	-						0.0		0.0		
2.6 Other						n	0.0	 O	0.0		
2.6 Otner		0	Λ	^	^	0	0.0	0	0.0	Λ	^
2.7 Totals 3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)	U	Ü	U	U	U	U	0.0	U	0.0	U	U
3.1 Issuer Obligations				-		0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 3.3 Defined	-					0	0.0	Ω	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES						0	0.0	0	0.0		
3.5 Defined 3.6 Other							0.0	n	0.0		
- v · - ·		^	^	^	^	0	0.0	0		^	^
3.7 Totals	U	U	U	U	U	U	0.0	U	0.0	U	U
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Scher	dules D & DA (Group 4)	1				0	0.0	0	0.0		
4.1 Issuer Obligations				•		J		U			
Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES 4.3 Defined						D	0.0	 n	0.0		
4.4 Other						Λ	0.0	n	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined			•			U	0.0	U	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Scher 5.1 Issuer Obligations	dules D & DA (Group 5)	1		1		0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES						0	0.0	0	0.0		
5.4 Other						0	0.0	0			
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined						ļ	0.0	J	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

SCHEDULE D - PART 1A - SECTION 2 (continued)

				December 31, at Book				sues			
	1	2 Over 1 Year Through	3 Over 5 Years	4 Over 10 Years	5	6	7 Col. 6 as a	8 Total from Col. 6	9 % From Col. 7	10 Total Publicly	11 Total Privately
Distribution by Type	1 Year or Less	5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Total Current Year	% of Line 10.7	Prior Year	Prior Year	Traded	Placed
6. Public Utilities (Unaffiliated), Schedules D & DA ((Group 6)										
6.1 Issuer Obligations						0	0.0	0	0.0		
Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
7. Industrial & Miscellaneous (Unaffiliated), Schedu	les D & DA (Group 7)										
7.1 Issuer Obligations						0	0.0	0	0.0		
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined						0	0.0	0	0.0		
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other						0	0.0	0	0.0		
7.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
8. Credit Tenant Loans, Schedules D & DA (Group 8	3)										
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(
9. Parents, Subsidiaries and Affiliates, Schedules D	& DA (Group 9)										
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	(

SCHEDULE D - PART 1A - SECTION 2 (continued) Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues											
	1	2	3	4	5	6	7	8	9	10	11
		Over 1 Year	Over 5 Years	Over 10 Years		Total		Total From Col. 6		Total Publicly	Total Privately
Distribution by Type	1 Year or Less	Through 5 Years	Through 10 Years	Through 20 Years	Over 20 Years	Current Year	of Line 10.7	Prior Year	Prior Year	Traded	Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	13,000,000	0	0	0	0	13,000,000	100.0	XXX	XXX	13,000,000	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	Õ	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	ñ	0
10.7 Totals	13.000.000	0	0	0	0	13.000.000	100.0	XXX	XXX	13,000,000	0
10.7 Totals 10.8 Line 10.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year	100.0	0.0	0.0	0.0	0.0	100.0	۸۸۸	۸۸۸	۸۸۸	100.0	0.0
	13,000,000	0	0	0	0	XXX	XXX	13,000,000	100.0	13,000,000	0
11.1 Issuer Obligations		D		0		XXX	XXX	13,000,000	0.0	13,000,000	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities		U	U	U	U		λλλ	U		U	U
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0		VVV	VVV		0.0		0
11.3 Defined		0	U		ļ	XXX	XXX		0.0	0	0
11.4 Other	0	0	D	0		XXX	XXX	L0	0.0	0	D
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES		•				VVV	VVV				
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	D
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	13,000,000	0	0	0	0	XXX	XXX	13,000,000	100.0	13,000,000	0
11.8 Line 11.7 as a % of Col. 8	100.0	0.0	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	13,000,000					13,000,000	100.0	13,000,000	100.0	13,000,000	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	13.000.000	0	0	0	0	13.000.000	100.0	13,000,000	100.0	13,000,000	XXX
12.8 Line 12.7 as a % of Col. 6	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	100.0	0.0	0.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds		, , , , , , , , , , , , , , , , , , ,									
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	n
13.2 Single Class Mortgage-Backed/Asset-Backed Securities			•		İ	n	0.0	n	0.0	XXX	n
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES			•		İ	1					
13.3 Defined						n	0.0	n	0.0	XXX	n
13.4 Other					İ	n	0.0	n	0.0	XXX	n
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES					İ			l			
						n	0.0	0	0.0	XXX	0
13.5 Defined						n	0.0	0		XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXXU	XXX	XXX	0.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	۸۸۸	۸۸۸	۸۸۸	۸۸۸	0.0

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

	Short-Term Investments				
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
Book/adjusted carrying value, prior year		13,000,000	0	0	0
Cost of short-term investments acquired	14,870,072	14,870,072			
Increase (decrease) by adjustment	0				
Increase (decrease) by foreign exchange adjustment	0				
Total profit (loss) on disposal of short-term investments	0				
Consideration received on disposal of short-term investments	14,870,072	14,870,072			
7. Book/adjusted carrying value, current year	13,000,000	13,000,000	0	0	C
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	13,000,000	13,000,000	0	0	
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	13,000,000	13,000,000	0	0	C
12. Income collected during year	455,026	455,026			
13. Income earned during year	475,637	475,637			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY NONE

Schedule DB - Part D - VBY NONE

Schedule DB - Part E - VBY NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	Restatement of Balance Sheet to identify Ne	1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 10)	304,348,917		304,348,917
2.	Accident and health premiums due and unpaid (Line 13)	32,257,158		32,257,158
3.	Amounts recoverable from reinsurers (Line 14.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	11,103,813		11,103,813
6.	Total assets (Line 26)	347,709,889	0	347,709,889
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	80 ,847 ,424	0	80,847,424
8.	Accrued medical incentive pool and bonus payments (Line 2)	2,796,505		2,796,505
9.	Premiums received in advance (Line 8)	19,402,712		19,402,712
10.	Reinsurance in unauthorized companies (Line 18)	0		0
11.	All other liabilities (Balance)	23,889,939		23,889,939
12.	Total liabilities (Line 22)	126,936,579	0	126,936,579
13.	Total capital and surplus (Line 31)	220,773,309	XXX	220,773,309
14.	Total liabilities, capital and surplus (Line 32)	347,709,889	0	347,709,889
	NET CREDIT FOR CEDED REINSURANCE			
15.	Claims unpaid	0		
16.	Accrued medical incentive pool	0		
17.	Premiums received in advance	0		
18.	Reinsurance recoverable on paid losses	0		
19.	Other ceded reinsurance recoverables	0		
20.	Total ceded reinsurance recoverables	0		
21.	Premiums receivable	0		
22.	Unauthorized reinsurance	0		
23.	Other ceded reinsurance payables/offsets	0		
24.	Total ceded reinsurance payable/offsets	0		
25.	Total net credit for ceded reinsurance	0		

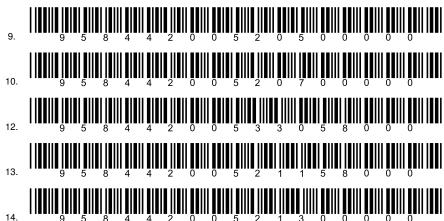
SCHEDULE Y PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

	PART 2 - SUMMARY OF INSURER S TRANSACTIONS WITH ANY AFFILIATES											
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						ĺ
					Purchases, Sales or	(Disbursements)						ĺ
					Exchanges of	Incurred in						Reinsurance
					Loans, Securities,	Connection with		Income/		Any Other Material		Recoverable/
					Real	Guarantees or		(Disbursements)		Any Other Material Activity Not in the		(Payable) on Losses
NAIC					Fototo Mortgogo	Lindartakinga far tha	Managamant	Incurred Under		Ordinary Course of		and/or Reserve
	FIIID		01	0!!	Estate, Mortgage Loans or Other	Undertakings for the Benefit of any	Management	Deineumen		Ordinary Course of the Insurer's		Credit
Company	Federal ID	N (1 1D 1011111 A(11111	Shareholder	Capital	Loans or Other	Benefit of any	Agreements and	Reinsurance		the insurer's	-	Credit
Code	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Contributions	Investments	Affiliate(s)	Service Contracts	Agreements		Business	Totals	Taken/(Liability)
	38-2513504	Preferred Health Plan					(1,933,514)			•	(1,933,514)	
60134	38-3291563	Alliance Health and Life Insurance Co					(6,291,864)			•	(6,291,864)	
60134 95844	38-2513504 38-3291563 38-2242827 38-1357020	Preferred Health Plan. Alliance Health and Life Insurance Co					(1,933,514) (6,291,864) 7,587,374			•	(1,933,514) (6,291,864) 7,587,374	
	38 - 1357020	Henry Ford Health System.					638,004			•	638,004	
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9999999 0	ontrol Totals		n	Λ	n	0	0	0	XXX	n	n	Λ
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the Risk-based Capital be filed with the state of domicile, if required by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Investment Risks Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
vhich t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod ment is required of your company but is not filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interr	e will be printed below. If the
	MARCH FILING	
8.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
9.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
10.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
11.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
	APRIL FILING	
12.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?	NO
13.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
14.	Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC?	N0
EXPL/	ANATION:	
). Bus	iness not written.	
0. Bu	siness not written.	
1. Th	e Company is not a stock company.	
2. Bu	siness not written.	
3. Bu	siness not written.	
4. Bu	siness not written.	
BAR C	CODE:	



OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23. *ASSETS - Assets

		2	3	4
	1			
			Net Admitted	
		Nonadmitted	Assets	Net Admitted
	Assets	Assets	(Cols. 1 − 2)	Assets
2304. Goodwill	12,383,224	12,383,224	0	1,388,119
2305. Prepaid Expense	1,324,227	1,324,227	0	0
2306. Other Assets	77 ,843	0	77 ,843	0
2397. Summary of remaining write-ins for Line 23 from Page 2	13,785,294	13,707,451	77,843	1,388,119

M004 Additional Aggregate Lines for Page 04 Line 14. *REVEX1 - Statement of Revenue and Expenses

	1	2	3
	Uncovered	Total	Total
1404. Mental Health and Substance Abuse		40,512,799	38,491,314
1405. Other		59,001,861	55,918,754
1497. Summary of remaining write-ins for Line 14 from Page 04	0	99,514,660	94,410,068

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 13. *ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
						Federal							
		Comprehensive				Employees	Title	Title					
		(Hospital &	Medicare	Dental	Vision	Health	XVIII	XIX	Stop	Disability	Long-Term	Other	Other
	Total	Medical)	Supplement	Only	Only	Benefit Plan	Medicare	Medicaid	Loss	Income	Care	Health	Non-Health
1304. Mental Health and Substance Abuse	40,512,799	31,663,298	1,560,713	-	•	2,064,774	5,224,014						Western Assets
1305. Durable Medical Equipment	14,410,593		555 , 153			734,450	1,858,206						Western Assets
1306. Other	44,591,268	34,850,878	1,717,831			2,272,637	5,749,922						Western Assets
1397. Summary of remaining write-ins for Line 13 from		, ,	, ,			, ,	, ,						
page 7	99,514,660	77,776,960	3,833,697	0	0	5,071,861	12,832,142	0	0	0	0	0	
10.00	,. ,	, .,	.,,			.,.,.,	, ,	-			-		



SUPPLEMENTAL EXHIBIT FOR THE YEAR 2005 OF THE **Health Alliance Plan of Michigan**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2005 (To Be Filed by March 1) FOR THE STATE OF Michigan

NAIC Gr	oup Code 1311		<u> </u>	NAIC Company Code	95844
Address	(City, State and Zip C	ode) Detroi	t, Michigan 48202	• •	
Person C	Completing This Exhib	it Dianna Ro	nan		
Title	Vice President Financ	al Services		Telephone Number	248-443-1093

1	2	3	4	5	6	7	8	9	10		Policies Issued			Policies Issued in 2003, 2004, 2005			
										11	11 Incurred Claims			15	Incurred		18
											12	13			16	17	!
		Standardized				_	_										·
. "	5	Medicare		Plan	. .	Date	Date	ъ.				Percent of	Number of			Percent of	Number of
Compliance with OBRA	Policy Form Number	Supplement Benefit Plan	Medicare Select	Character- istics	Date Approved	Approval Withdrawn	Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Premiums Earned	Covered Lives	Premiums Earned	Amount	Premiums Earned	Covered Lives
WILLI OBNA	Number	benefit Flam	Select	ISUCS	Approved	Williamii	Amended	Ciosea	Name	Earneu	Amount	Earrieu	LIVES	Earrieu	Amount	Earrieu	Lives
Yes	All Forms	J	No	0004500	12/15/2004				Medicare Comprehensive	30,745,560	27 ,840 ,278	90.6	14,043	11,716,885	10,317,020	88.1	2,842
0199999 To	otal Experience on	Individual Poli	cies		-					30,745,560	27,840,278	90.6	14,043	11,716,885	10,317,020	88.1	2,842
Yes	All Forms	. J	No	0004500	12/15/2004		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Medicare Comprehensive	380,952,463	341,442,968	89.6	183,619	270,760,012	238,543,663	88.1	65,256
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0299999 To	otal Experience on	Group Policies	S	7					1	380,952,463	341,442,968	89.6	183,619	270,760,012	238,543,663	88.1	65,256

GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give complete and full details:
- 2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 2850 West Grand Boulevard Detroit, MI 48202
 - 2.2 Contact Person and Phone Number: Donald Kiefiuk 248-443-2038
- 3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 2850 West Grand Boulevard Detroit, MI 48202 ...
 - 3.2 Contact Person and Phone Number: Tamara VonKnorring 248-443-1154
- 4. Explain any policies identified above as policy type "O".